

# City of Santa Barbara

## HUMAN RESOURCES

CITY HALL, 735 ANACAPA STREET  
P.O. BOX 1990  
SANTA BARBARA, CA 93102-1990  
(805) 564-5316

For Office Use Only:

Rec'd Notification: \_\_\_\_\_

Exam #: \_\_\_\_\_

Net WPM: \_\_\_\_\_

Supplemental: \_\_\_\_\_

## APPLICATION FOR EMPLOYMENT

(Please Print in Ink or Type)

1. Social Security Number: \_\_\_\_\_
2. Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_
3. Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Last First Middle
4. Address: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
Number & Street City State Zip
5. In case of emergency, notify: \_\_\_\_\_  
Name Address Phone Number
6. Do you have a legal right to be permanently employed in the U.S.? Yes ☐ No ☐ At the time of appointment all new employees will be required to furnish documentation verifying their identity and authorization to work in the United States.
7. Are you now or have you ever been employed by the City of Santa Barbara? Yes ☐ No ☐  
If yes, give date(s): \_\_\_\_\_
8. Do you have any relatives, by blood or marriage, currently working for the City of Santa Barbara? Yes ☐ No ☐  
If yes:  
Name of Relative: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Department: \_\_\_\_\_ Division: \_\_\_\_\_
9. Do you possess a valid California Driver's License? Yes ☐ No ☐ License No.: \_\_\_\_\_
10. Have you ever been convicted of a felony or misdemeanor? Yes ☐ No ☐  
If YES, ON A SEPARATE SHEET OF PAPER, give the following information for each offense: (1) date, (2) charge, (3) place, (4) court and (5) action taken. You may omit any offense rendered final in a juvenile court, under a youth offender law, or listed in labor code section 432.8. A conviction will not necessarily disqualify you from employment. FALSE STATEMENTS OR OMISSIONS OF CONVICTION(S) SHALL BE JUST CAUSE FOR DISQUALIFICATION FROM EMPLOYMENT.

### 11. EDUCATION/TRAINING

Have you graduated from High School or do you possess a GED? Yes ☐ No ☐

Name and Location of College or University	Subject or Major	Units Completed		Title of Degree Awarded
		Semester	Quarter	

List any training, certificates, licenses, computer, or language skills which directly relate to position applied for:

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12. Within the last five (5) years, have you been honorably discharged, released from a Veteran's hospital, or completed veteran's paid schooling? Yes ☐ No ☐ Are you a disabled veteran or widow of a veteran? Yes ☐ No ☐ **Note:** If you wish to be considered for Veteran's Preference, you must submit DD Form 214 or applicable verification when application is filed.
13. **Please list the names of professional references (other than family members or friends) who can be contacted to provide information regarding your work skills.**

Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____
Name of Reference: _____	Relationship: _____
Address: _____	Phone No.: _____

14. **EMPLOYMENT HISTORY.** List your employment, BEGINNING WITH YOUR CURRENT OR MOST RECENT EMPLOYER AND WORK BACKWARDS. List each change of title or promotion separately. Account for periods of unemployment and indicate any other experience which you feel is relevant to the position for which you are applying (e.g., volunteer experience, military experience, etc.) RESUMES MAY BE SUBMITTED IN ADDITION TO, BUT NOT IN PLACE OF, COMPLETION OF ANY PORTION OF THE APPLICATION. IT IS CRITICAL THAT YOU PROVIDE COMPLETE INFORMATION. Attach an additional sheet if extra space is needed. Employment verification may be made regarding your past experience. Check the Job Announcement for details on the qualifications the City is seeking.

Current Employer: _____		Phone: _____	
Address: _____			
Job Title: _____	Date Started _____ / _____ / _____ <small>Month Day Year</small>	Date Left _____ / _____ / _____ <small>Month Day Year</small>	Hours per Week: _____
Supervisor's Name/Job Title: _____			
Responsibilities: _____ _____ _____ _____			
Reason for Leaving: _____		Rate of Pay: _____	

Employer: _____		Phone: _____	
Address: _____			
Job Title: _____	Date Started _____ / _____ / _____ <small>Month Day Year</small>	Date Left _____ / _____ / _____ <small>Month Day Year</small>	Hours per Week: _____
Supervisor's Name/Job Title: _____			
Responsibilities: _____ _____ _____ _____			
Reason for Leaving: _____		Rate of Pay: _____	

Employer: _____		Phone: _____	
Address: _____			
Job Title: _____	Date Started _____ / _____ / _____ <small>Month Day Year</small>	Date Left _____ / _____ / _____ <small>Month Day Year</small>	Hours per Week: _____
Supervisor's Name/Job Title: _____			
Responsibilities: _____ _____ _____ _____			
Reason for Leaving: _____		Rate of Pay: _____	

Employer: _____		Phone: _____	
Address: _____			
Job Title: _____	Date Started _____ / _____ / _____ <small>Month Day Year</small>	Date Left _____ / _____ / _____ <small>Month Day Year</small>	Hours per Week: _____
Supervisor's Name/Job Title: _____			
Responsibilities: _____ _____ _____ _____			
Reason for Leaving: _____		Rate of Pay: _____	

15. May we contact your current employer? Yes ☐ No ☐ Past Employers? Yes ☐ No ☐ If no, please explain. \_\_\_\_\_

**I certify that this application and any supplemental information is true to the best of my knowledge and belief, and understand that false statements, information, or willful misrepresentation shall be just cause for rejection of this application or subsequent discharge. THIS APPLICATION MUST BE SIGNED IN INK AND DATED:**

Signed \_\_\_\_\_ Date \_\_\_\_\_

**STATISTICAL SURVEY TEAR-OFF SHEET**

Applicant please complete. The information on this tear-off sheet is collected for statistical purposes only. It will be removed and filed separately.

POSITION APPLIED FOR:		NAME:
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Age: _____ years
Ethnicity: (Check one) A. <input type="checkbox"/> White B. <input type="checkbox"/> Black C. <input type="checkbox"/> Hispanic D. <input type="checkbox"/> Asian/Pac Island E. <input type="checkbox"/> American Indian F. <input type="checkbox"/> Filipino	Current Residence 1. <input type="checkbox"/> Santa Barbara/Goleta 2. <input type="checkbox"/> Tri-Counties Area 3. <input type="checkbox"/> Southern California 4. <input type="checkbox"/> Northern California 5. <input type="checkbox"/> Out of State	How did you hear about this vacancy? (Check one and complete) 1. <input type="checkbox"/> Publication? (Please specify) _____ 2. <input type="checkbox"/> Job Announcement (Where posted) _____ 3. <input type="checkbox"/> Word of Mouth 4. <input type="checkbox"/> Visit to Human Resources Office 5. <input type="checkbox"/> TV, Channel 18 Santa Barbara 6. <input type="checkbox"/> Internet: <a href="http://www.ci.santa-barbara.ca.us/jobs.html">www.ci.santa-barbara.ca.us/jobs.html</a> 7. <input type="checkbox"/> Other: _____

**EQUAL OPPORTUNITY**

The City encourages applications from all qualified candidates without regard to race, color, national origin, ancestry, sexual orientation, religious creed, sex, age (over 40), disability (mental, physical, or pregnancy) - including HIV and AIDS, medical condition, or marital status.

**AMERICANS WITH DISABILITIES ACT (ADA)**

Applicants with a disability who require special testing accommodations should contact the Human Resources Division.